
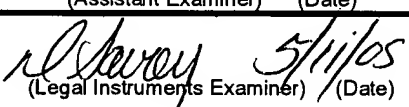



Issue Classification 	Application/Control No.		Applicant(s)/Patent under Reexamination	
	09/002,648		HORNE, DAVID M.	
	Examiner		Art Unit	
	Temesghen Ghebretinsae		2637	

ISSUE CLASSIFICATION										
ORIGINAL					CROSS REFERENCE(S)					
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
375		146			375	140				
INTERNATIONAL CLASSIFICATION										
H	0	4	B	1/707						
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(Assistant Examiner) (Date)		Temesghen Ghebretinsae 05/05/05		Total Claims Allowed: 9	
 (Legal Instruments Examiner) (Date)		 (Primary Examiner) (Date)		O.G. Print Claim(s)	O.G. Print Fig.
				1	2b

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA										<input type="checkbox"/> T.D.										<input type="checkbox"/> R.1.47									
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original											
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	2			32			62			92			122			152			182																				
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	4			34			64			94			124			154			184																				
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SERIAL NUMBER 09/002,648	FILING DATE 01/05/98	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. 042390.P5113
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APPLICANT

DAVID M. HORNE, CHANDLER, AZ.

NONE

****CONTINUING DOMESTIC DATA*******

VERIFIED

TG

NONE

****371 (NAT'L STAGE) DATA*******

VERIFIED

TG

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

T.G.

FOREIGN FILING LICENSE GRANTED 04/01/98

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 4	TOTAL CLAIMS 3 9	INDEPENDENT CLAIMS 1
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Verified and Acknowledged TG Examiner's Initials Initials

ADDRESS

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TITLE

METHOD FOR USING ENCODED SPREADING CODES TO ACHIEVE HIGH BIT DENSITIES IN A DIRECT-SEQUENCE SPREAD SPECTRUM COMMUNICATION SYSTEM

FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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